

Arkansas Department of Human Services
Division of Child Care & Early Childhood Education

APPLICATION FOR CHILD CARE LICENSE

This application will not be considered complete until all information has been provided.

PLEASE MARK THE TYPE(S) OF LICENSE YOU ARE APPLYING FOR.

- ☐ INFANT & TODDLER (ACES BIRTH - 36 MONTHS)
- ☐ DAY CARE Family Home
- ☐ DAY CARE CENTER (ACES 2 1 /Z YEARS - 5 YEARS)
- ☐ SICK CHILD CARE
- ☐ SCHOOL AGE (KINDERGARTEN & UP)

NAME OF FACILITY_____

ADDRESS_____

_____PHONE ()_____

TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER_____

NAME OF LICENSE HOLDER_____

ADDRESS_____

_____PHONE ()_____

****IF A BOARD WILL BE THE UCENSE HOLDER, ATTACH A COPY OF BOARD MEMBERS NAMES, ADDRESSES AND PHONE NUMBERS. IN ADDITION, A COPY OF ARTICLES OF INCORPORATION WHICH HAVE BEEN FILED WITH THE SECRETARY OF STATE, AND ANY AMENDMENTS SHALL ALSO BE PROVIDED.**

DATE FACILITY WILL BEGIN OPERATION_____.
FACILITY WILL BE OPEN_____MONTH TO_____MONTH.
HOURS OF OPERATION ARE _____TO_____. FOR_____DAYS PER WEEK.
OUR FISCAL/TAX YEAR WILL BE FROM_____TO_____.

PLEASE ATTACH THE FOLLOWING ITEMS.

1. DETAILED DIRECTIONS TO YOUR FACILITY.
2. DIAGRAM OF THE FACILITY/BUILDING WHICH INDir-ATES ROOMS USED BY CHILDREN AND LOCATIONS FOR HAND WASHING AND TOILETING.
3. DAY CARE FAMILY HOMES -NAME OF ALL CAREGIVERS WITH THEIR AGES, ADDRESSES AND PHONE NUMBERS AND ALL OTHER ADULTS LIVING IN THE HOME.
4. CENTERS NAME OF PROPOSED DIRECTOR AND DOCUMENTATION OF OUALIFICATIONS_
5. COPIES OF CRIMINAL RECORDS AND CHILD MALTREATMENT REGISTRY CHECKS ON APPLICANT.
6. COPIES OF FIRE: AND HEALTH DEPARTMENT APPROVALS (IF APPLICABLE).

7. RATES TO BE CHARGED:

	Infants	Toddlers	Preschool	School Age
Hourly				
Full Day				
Half Day				
Before & After School				
Before School				
After School				
Night				

“UNDER THE PROVISIONS OF THE CHILD CARE LICENSE ACT 434 OF 1969, AMENDED, I HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE CENTER/FAMILY HOME. I HAVE REVIEWED THE MINIMUM LICENSING REQUIREMENTS AND AGREE TO COMPLY WITH THEM."

SIGNATURE OF PERSON WHO WILL HOLD THE LICENSE.

DATE

** A LETTER OF AUTHORIZATION IS ALSO REQUIRED IF THE PERSON SIGNING IS ANYONE OTHER THAN THE OWNER.

MAIL TO:

Division of Child Care & Early Childhood Education
Child Care Licensing Unit
P.O. Box 1437-Slot 720
Little Rock, AR 72203-1437

FOR OFFICE USE ONLY *DATE* RECEIVED: